

## STATE OF NEW HAMPSHIRE 2019 Statement of Income and Expenses

Statement of Income and Expenses
for LOBBYISTS
(RSA Chapter 15)

### RECEIVED

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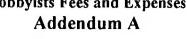
PLEASE PRINT

| I. Name of Lobbyist(s) Ashley C   | Calabrese                     | ···   | NEW HAMPSHIRE<br>DEPARTMENT OF STATE |
|---|-------------------------------|---|--------------------------------------|
| II. Name of lobbyist's partnership,   | firm or corporation, if a     | any:  |                                      |
| Novartis Services, Inc.   |                               |   |                                      |
| (Name of partnership  | , firm or corporation)        |   | w to                                 |
| 219 Western Avenue, Unit # S42  | 21 Allston, MA 02             | 134   |                                      |
| Business Address: (Street)  | (Town/City)                   | (State)   | (Zip Code)                           |
| (203) 410-7936  | ( )                           | e-mail ashlev                                     | v.calabrese@novartis.com             |
| (l'elephone)  | (Fax                          | ()  |                                      |
| III. This statement covers: (Choose reportable expense transactions wh  | ich are not attributable      | to any one client).                               |                                      |
| Novartis Services, Inc.   |                               |   | •                                    |
| (Full Name of   | Client as it appears on the L | obbyist Registration Form)                        | <del> </del>                         |
| <u>OR</u>   |                               |   |                                      |
| All reportable transactions by the I unrelated to any particular client.  | obbyist (including the lol    | obyist's family), or the lobby                    | ring firm listed below which are     |
| IV. Date of Report April 24, 201 Reports cover: activity from date of r   |                               | July 31, 2019<br>activity from 4/1/19 to 6/30     | /19                                  |
| October 30, activity from 7/1.  |                               | January 29, 2020 [<br>activity from 10/1/19 to 12 |                                      |
| V. There have been no fees recei If this box is checked, complete just the Concord, NH 03301.   |                               |   |                                      |
| VI. Check if additional reports are   | attached:                     |   |                                      |
| X If you have received fees or made   | expenditures, you must l      | file <b>Addendum A</b> - Fees and                 | Expenses                             |
| <ul> <li>If you have paid an honorarium o<br/>Expense Reimbursement</li> </ul>  | r reimbursed expenses, ye     | ou must file Addendum B-                          | Report of Honorariums or             |
| X If you, your firm, or your family l   | nas made political contrib    | outions, you must file Adden                      | dum C- Political Contributions       |
| Sworn Statement/Affirmation by Lot I vaye read RSA 15, RSA 15-B, RSA and complete to the pest of pay knowledge (Signature of lobbytst)  Ashley Calabrese (Print Name of lobbytst) | 14-C and RSA 664 and h        | nereby swear or affirm that the                   | ne foregoing information is true     |

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#### STATE OF NEW HAMPSHIRE

## **Lobbyists Fees and Expenses**



(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Ashley Calabrese  |  |
|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:   |  |
| Novartis Services, Inc.  |  |
| (Name of partnership, firm or corporation)   |  |
| III. Name of Client Novartis Services, Inc.  | Date 4-15-2019   |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:  | t relations, or public relations service   |
| a) Total of all fees received in this reporting period   | a) \$  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y   | b) \$<br>ear)  |
| c) Total of all fees received to date (Add lines a and b)  | c) \$  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$  |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of all e: meals purchased during a business st than \$10 that is given to the personal with a value of \$25.00 or less); and orting period of greater than \$25.00 four of greater than \$25, purchase of the trans \$25, but not greater than \$50, expense reimbursement, or political |
| <ul> <li>a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.</li> <li>b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.</li> </ul>   | a) \$<br>b) \$   |
| c) Total of all itemized expenditures reported in detail in section VI.  | c) \$  |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$                              |
|--|------------------------------------|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$                              |
| f) Total of all expenses year to date  | n \$                               |
| VI. Other Expenses:  Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.  | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  | \$                                 |
|  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | n that the foregoing information   |
| (Signature of lobbyist)  | 4/13/19<br>(Date)                  |
| Ashley Calabrese   |                                    |
| (Print Name of lobbyist)   |                                    |



#### STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

| I. Name of Lobbyist(s) Asr   | liey Calabrese               |                     |   |
|--|------------------------------|---------------------|---|
| II. Name of lobbyist's part  | nership, firm or cor         | poration, if any:   |   |
| Novartis Services, Inc.  |                              |                     |   |
|  | ership, firm or corporation) | <del></del>         | ***,  |
| III. Name of Client <u>Nova</u>  | rtis Services, Inc.          |                     | Date 4-15-2019  |
| Political Contributions  |                              |                     |   |
| For each political contributical contributions and lobbying the contributions and lobbying the contributions are contributed as the cont | •                            | •                   | oter 664 paid on behalf of the  |
|  | ; iniii, ilidicate tile io   | mowing.             |   |
|  |                              |                     |   |
| Full name of candidate:  | Corporate contribu           | ution to Senate Dem | ocrats Fundraiser   |
| _  | (Last Name)                  | (First Name)        | (Middle Name/Initial)   |
| Amount of contribution \$1   | 000.00                       | Office Candidate i  | s Seeking Senate Democrats  |
| Full name of candidate:  | d and Name of                |                     |   |
|  |                              |                     | (Middle Name/Initial)   |
| Amount of contribution \$  |                              | Office Candidate is | s Seeking   |
|  | ribution on the line abo     | . •                 | ds or services provided, and enter the ution. If the actual cost is not known |
|  |                              |                     |   |
| Full name of candidate:  | (Last Name)                  | (First Name)        | (Middle Name/Initial)   |
|  | (/                           |                     | ,   |
| Amount of contribution \$  |                              | Office Candidate is | s Seeking   |

| (If more than three | e contributions were made, report addi | tional contributions on separate | addendum C forms.)               |
|---------------------|--|----------------------------------|----------------------------------|
| Sworn Staten        | ent/Affirmation by Lobbyist            |                                  |                                  |
|                     |  |                                  | m that the foregoing information |
| is trac and cor     | iplete to the best of my knowled       | age and belief.                  | ./ /                             |
| / IMMA              | MA MA                                  |                                  | 4/12/19                          |